

Health Promotion & Wellness

January/February 2021

January is Healthy Weight Month

Start 2021 Off Right With Healthier Eating Habits

Okay, 2020 was a bit of a tough year and it is now officially behind us! Let's spend 2021 focusing on improving our food choices and our relationship with food. Instead of thinking about all of the foods that we shouldn't eat, or thinking that healthy foods can't taste great, let's focus on how much better we feel when we make healthier choices. These choices don't have to be impossible. Keep it simple:

- Eat more fruits and vegetables. Aim for 5-10 servings of fruits and vegetables every day. Eat more non-starchy vegetables than starchy vegetables. Eat more vegetables than fruit.
- Drink water! Adding 1-2 glasses before each meal may help you eat less. Aim for a daily goal of half your body weight in ounces.
- Catch some zzz's! Adults need 7-9 hours of sleep each night to keep our brain working at peak levels. People who consistently get the recommended sleep each night have better control over their weight.
- Get moving. Standing burns twice the calories that sitting does, so add frequent standing breaks. Better yet, add a few walking breaks to get more steps in each day. We feel better when we move more.
- Socialize. Even if it's virtually, stay connected to friends and family. Supportive relationships are critical to staying mentally strong.
- Chances are pretty good that 2021 is going to be a way better year than 2020. Let's get the new year started off strong!

For more Healthy Weight month resources, review the [NMCPHC HPW Toolbox](#).

Need ideas for how to plan your meals? Use the resources available in the [MyPlate Plan](#).

Click [here](#) to check out which [Fruits and Veggies](#) are in season, then head to the Commissary's [website](#) for recipe ideas.

Check out our New Logo!

Here is the new Navy and Marine Corps Public Health Center Logo! You will see many of our handouts, webpages, etc getting this update and more in coming months. This logo was updated to reflect changes happening in Navy Medicine.



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February is Heart Health Month

U.S. Surgeon General Call to Action

The United States Surgeon General, VADM Jerome M. Adams, M.D., M.P.H., issued a *Call to Action* urging Americans to recognize and address hypertension control as a national, public health priority. The Surgeon General's [Call to Action to Control Hypertension - PDF](#) provides strategies for those on the frontlines of health care and public health to address this costly, dangerous and far too common chronic health condition.

Hypertension, or high blood pressure, is often known as a "silent killer," as it frequently has no signs or symptoms. If left uncontrolled, hypertension can increase a person's risk for heart disease, stroke, heart failure, kidney disease, pregnancy complications and cognitive decline or dementia later in life. However, hypertension is a **preventable** risk factor for heart disease and stroke. Hypertension is all too common, as nearly 1 in 2 adults have hypertension, yet only about 1 in 4 have it under control.

"The Surgeon General's Call to Action to Control Hypertension provides a roadmap for helping people, communities, health professionals and others improve the heart health of our nation by working together to eliminate differences in access to quality healthcare and addressing social factors that influence overall health," stated Surgeon General Adams. "Communities can ensure that the places where people live, learn, work, play and pray support hypertension control by promoting access to and availability of physical activity opportunities, healthy food options and links between clinical services and community programs."

This summarizes recent data on hypertension control for all populations, identifies the 10 most effective strategies for achieving control, and provides recommendations to individuals and organizations that can improve rates of hypertension prevention and control. Among the strategies identified are:

- Increase awareness of health risks;
- Recognize economic burden;
- Promote physical activity opportunities;
- Promote opportunities to access healthy foods and good nutrition;
- Connect to lifestyle change resources;
- Use standardized treatment approaches;
- Promote team-based care;
- Empower and equip patients; and
- Recognize and reward clinicians.

Everyone can improve hypertension control by taking action in our communities and in our healthcare system. As community partners, we all can take deliberate steps to address the social determinants of health necessary to help people in our communities better manage and improve their blood pressure and overall health.



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Blue H Updates

2020: Unfortunately, the Blue H Webtool may have the same issues in January that we experienced with the Health Risk Assessment (HRA) this year. To correct course, we devised a new award submission process. Details and a webinar schedule on this topic will be sent to the Blue H distribution list as soon as it is available. Our goal is to have webinars starting January, hold them at different times to better accommodate all time zones. We are aiming to make the submission process easier, especially for future awards.

If you are a Blue H point of contact and did not receive the email, contact the [Blue H Manager](#).

NOTES:

1. The Blue H extension deadline has been extended to February 29, 2021. We are relying on commands who are submitting to do their part and ensure the package is fully complete by comparing it to the ["Review Sheet"](#). That will save a lot of time on our end, so we passed that back to you! It will have minor updates before January to better reflect the new process.
2. The deadline for the 2021 Annual Plan submission has also been moved to February 28, 2021.

2021: Due to the change in the submission process, we are going to delay the 2021 criteria sheets until March so we can verify that what we hope to accomplish with the new process actually occurs. There are just a few changes in the actual criteria between this year and next year, so we recommend using the updated 2020 version to get started until the new criteria is released.

NMCPHC Women's Health Web Page Updates

We at NMCPHC have been working on our webpages quite a bit, so why is this updated page such a big deal? Our Subject Matter Expert Dr. Francis Obuseh, worked with Bureau of Medicine and Surgery's (BUMED's) Women's Health team and created a ["one stop shop"](#) for all women's health. This page contains all women's health policies, Deployment Readiness Education for Service Women Handbook, female specific medical concerns, and publications.

Main topics are:

Contraception	COVID-19 Resources
General Women's Health	Menstrual Management
Nutrition	Policies and Instructions
Postpartum	

This page still contains all the information for October "Women's Health Month", but is now also a great resource for anytime of the year. Check it out!



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Set Personal Exercise Goals for 2021!

Don't let COVID and cold weather negatively impact your personal physical fitness and active living lifestyle. Bring the gym home! It's as convenient as downloading an app or two from your smartphone or TV—they are great tools for developing a workout routine. There are apps available for nutrition guidance, workout routines and coaching, and many are available at no or minimal cost. We suggest [The Navy Operational Fitness and Fueling System \(NOFFS\)](#) or search online where there's plenty to choose from. (*Sorry, but we are not able to provide product recommendations.*)

To enhance your new workout routine, invest in some personal exercise equipment. Something as simple as a rubberized mat, dumbbells, a bench or a foam roller can go a long way in helping you stay fit.

Download an app today and get moving!

New Navy Physical Readiness Test Resource is Now Available

In November 2020, the Navy Physical Readiness Program released a new resource on Guidelines for Administering the Physical Readiness Test (PRT). Check out the new Navy PRT resource on the [21st Century Sailor Webpage](#).

The PRT provides Commanding Officers (COs) with a means of assessing the general fitness of members of their command and provides a means to comply with DODI 1308.3 to develop and administer a physical fitness test that evaluates aerobic capacity, or cardio-respiratory endurance, muscular strength and muscular endurance.

Listed are the primary sections the document addresses:

- Section 1 - Physical Readiness Test (PRT) Guidelines
- Section 2 - Safety Concerns 1. Safety Concerns Prior to Conducting
- Section 3 – PRT Event
- Section 4- Tables 1. PRT Standards for Altitudes Less Than 5000 feet

Healthy People 2030 Adds New Objectives & Measures

HHS has updated the [Healthy People 2030](#) initiative with new Leading Health Indicators (LHIs) and Overall Health and Well-Being Measures (OHMs). The LHIs place an increased focus on behaviors and environmental factors that impact health, while the OHMs include measures on life expectancy, activity limitation, disability, and health status, in addition to a new measure on well-being.

Together, the new LHIs and OHMs will help health professionals focus their resources and efforts on high-priority public health issues to improve the overall health and longevity for all people.



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Navy Physical Readiness Changes for Calendar Year 2021

Physical Readiness NAVADMIN (304/20) Released In November 2020

The [NAVADMIN 304/20 released 18 November 2020](#) provides Navy Physical Readiness Program Changes for Calendar year 2021 as well as the Alternate Cardiovascular Option (rower) and information on the newly added plank modality. To continue mitigating COVID-19 impacts to the fleet, the Navy will conduct one Physical Fitness Assessment (PFA) cycle in calendar year 2021 from 15 March to 15 September 2021, dependent upon local conditions and operational requirements. Shifting the PFA cycle to March allows the Navy to execute the PFA after the primary influenza season, while leveraging outdoor venues as the weather warms for conducting the test.

A new Physical Readiness Program (PRP) Guide 15, Conduct of the Physical Fitness Assessment in COVID-19 Conditions, is available on the [Physical Readiness Program](#) website and will be updated as Centers for Disease Control recommendations change. To assist CFL/ACFLs and members participating in the Navy PFA, the new standards, tutorial videos, PRP Guides and other training resources are available on the Navy Physical Readiness Program website.

NAVADMIN 304/20 Key points:

Group Physical Fitness Training. Effective immediately, based upon local conditions, Echelon II commanders may authorize group physical training (command, department, division physical training, Fitness Enhancement Program and spot-check BCAs).

Command Fitness Leader (CFL) Certification. While Commander, Navy Installations Command has resumed teaching the CFL Course, current CFL certifications are extended until 30 September 2021 due to limited course availability. Commanders may designate former CFLs who were initially certified after 1 January 2016, to act as CFLs until 30 September 2021.

Means to Regain Eligibility from PFA Failures. Since the Navy is only conducting one PFA cycle during 2021, all Sailors with PFA failures, including those with two or more consecutive PFA failures, may regain eligibility for advancement or retention by passing a mock or official PFA.

New Fitness Modalities. New fitness modalities are implemented to improve the physical readiness of Sailors in alignment with the Culture of Excellence (COE).

- (1) PFA cycle 2021 will incorporate the forearm plank and 2000-meter row.
- (2) Service Members who do not meet the minimum passing score for the forearm plank modality will not receive a *fail* for the 2021 cycle PRT only. However, Service Members must still pass the BCA, the push-up and cardio modalities of the PRT. Failure to do so will result in a *fail* for PFA cycle 2021.

The forearm plank will replace curl-ups as the abdominal muscular endurance assessment, as NHRC determined it is a better test of core strength and abdominal muscular endurance. The curl-up is not operationally relevant, may aggravate lower-back injuries and does not appropriately challenge the abdominal musculature. In line with reference (c) and PRP Guides, Service Members medically cleared for the Navy PFA will participate in the BCA and PRT. **The new PRT event sequence will be as follows:** (1) push-up; (2) forearm plank; (3) cardio or alternate cardio. Proper procedures for conducting the forearm plank and the 2000-meter alternate cardio row are located in the NAVADMIN.



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Is Your Command Interested in Virtual Classes on Diabetes?

NMCPHC is working with the Diabetes Center of Excellence (DCOE) and the Veteran's Affairs Virtual Medical Center (VA VMC) to start teaching virtual diabetes courses led by personnel who are Certified Diabetes Care and Education Specialists (CDCES) (previously known as Certified Diabetes Educator (CDE)). Courses include:

- Diabetes Management: American Diabetes Association-approved recognized program
- Diabetes Prevention: Centers for Disease Control and Prevention Diabetes Prevention Program

These courses aim to supplement and support what your command already provides. If your command **HAS** diabetes courses, but not everyone can attend due to work schedules, etc., these courses will provide additional options for your patients as they are scheduled at different times during the week to include after hours.

If your command **DOES NOT** have diabetes courses, you can finally offer this service to your patients.

In both circumstances, the instructors will work with the patients' local medical teams to ensure proper documentation and support your efforts in providing great medical care. This course is informational only. Documentation tools have been created by DCOE to assess patient learning needs, describe educational content and assist patients with setting personal goals. The tool provides a narrative that can be easily transferred to the electronic health record.

The team will be working with area Navy Diabetes Educators for additional support as needed. For example, if a patient onboard a ship or submarine attends class, we will ensure their medical department has the correct name to contact at the local medical facility to get additional help whether it's a homeport or deployed.

The format of the classes inside the VA VMC is a gaming platform! The program is Defense Health Administration-approved and can be downloaded to command computers or home computers as is best for the patient's situation. Classes start in February. Prior to starting class, we will provide support to participants to get the program downloaded, create an avatar, and learn to navigate around the VA VMC.

We are looking for:

- Other Diabetes Educators (do not need to be a CDCES) who would like to support classes and/or be a regional point of contact.
- Providers who would like to have more options for their patients to receive diabetes education. (Military-associated only, active duty, retirees, beneficiaries, etc.). We will not see a patient without a Medical POC to provide full care. (TRICARE beneficiaries only, active duty, retirees, and family members.). A patient **MUST** have a Medical POC to provide full care in order to participate in the program.
- Patients who are looking to learn more about diabetes and interested in exploring a new venue! Please know you will need Medical POC information to request to attend (name, rank, and email).

If you or your command is interested in participating, please complete this [survey](#) to let us know.



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COVID and Stress

Looking for some information on coping with stress and maintaining your psychological health during this pandemic? These sites offer helpful advice:

Mental Health and Coping: HHS

<https://www.hhs.gov/coronavirus/mental-health-and-coping/index.html>

Coping with Stress: CDC

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html#:~:text=Public%20health%20actions%2C%20such%20as,about%2C%20and%20your%20community%20stronger.>

Shareable Resources on Coping: NIMH

<https://www.nimh.nih.gov/health/education-awareness/shareable-resources-on-coping-with-covid-19.shtml>

Mental Health & COVID: WHO

<https://www.who.int/teams/mental-health-and-substance-use/covid-19>

Managing Stress associated with COVID-19: VHA

https://www.ptsd.va.gov/covid/COVID_managing_stress.asp

Coping with Stress during COVID-19: American Red Cross

<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/coronavirus-safety/coping-with-stress-during-covid-19.html>

Update Your “Favorites” Link!

We have been receiving reports lately of NMCPHC websites that seem wrong, links not working, forms with hyperlinks that are split and don't work. When our site was updated in late 2019, the URL address was changed from http to https to make it more secure. Be sure to delete our old address link and replace it with the link below:

<https://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx/>



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION



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Microwave Series: Black Bean Soup

On cold Winter days, what could be better than a bowl of soup? Of course, you could purchase any ol' can of soup and heat it up, but many are disappointing with the high amount of salt, lack of enough substance, and excess broth. Once you see how simple and satisfying this can be, it should inspire you to try other options. Serves 2.

Ingredients:

1 15-ounce can black beans, rinsed and drained
1 14.5-ounce can chicken or vegetable broth
1 cup canned diced tomatoes
1 cup frozen corn kernels
1/2 cup chunky fresh or jarred tomato salsa
1 canned chipotle in adobo, mashed (1 tablespoon)
2 teaspoons cider vinegar or 2 lime wedges
Sour cream and chopped fresh cilantro for serving

Optional Ingredients: amounts as you desire

jalapeno	onions	salsa
mushrooms	leftover steak	leftover chicken
bell peppers	olives	bacon
garlic	herbs	olives
tomatoes	spinach	broccoli
avocado	cilantro	lime
parsley	(so much more, be brave!)	

Instructions:

Place the beans, broth, tomatoes, corn, salsa, and chipotle in the casserole dish. Stir well to combine. Partially cover and microwave on HIGH for 7-9 minutes, until boiling hot. Don't forget the hot pads when removing from the oven!

Divide the soup into two deep soup bowls—one can be for another meal later. For the one eaten now, drizzle with a teaspoon of the apple cider vinegar to bring out the flavor and garnish with sour cream and cilantro. If the second bowl is for another time, add these items after the soup is reheated.

Other Options: If you do decide to use a canned soup for a meal, adding frozen vegetables can help balance out the high salt levels, will only add about 25 calories per serving, and makes the soup that much more tasty and filling. Play with your food!

